

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: September 7, 2023	
Original Report Issue Date: September 6, 2023	
Inspection Number: 2023-1129-0002 (A1)	
Inspection Type: Complaint Critical Incident	
Licensee: Wiigwas Elder and Senior Care	
Long Term Care Home and City: Wiigwas Elder and Senior Care, Kenora	
Amended By Jessamyn Spidel (000697)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to: Change the numbering sequence of Non-Compliances.

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Long Term Care Home and City: Wiigwas Elder and Senior Care, Kenora	
Lead Inspector Jessamyn Spidel (000697)	Additional Inspector(s) Lauren Tenhunen (196)
Amended By Jessamyn Spidel (000697)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to: Change the numbering sequence of Non-Compliances.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 26-29, 2023

The following intake(s) were inspected:

- Two intakes were related to alleged abuse.
- One complaint related to a medication incident.

The following **Inspection Protocols** were used during this inspection:

Medication Management
Housekeeping, Laundry and Maintenance Services

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Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints

AMENDED INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 139 1.

Non-Compliance was found during this inspection and was **remedied** by the Licensee prior to the conclusion of the inspection. The Inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

Specifically, O. Reg 246/22 s. 139 1. requires the licensee to ensure all areas where drugs are stored to be kept locked at all times when not in use.

A refrigerator being used to secure drug supply in the nursing station was observed to be unlocked when staff members were not present.

An interview with the Director of Care (DOC) and an identified staff member further confirmed that residents have access to the refrigerator and the drug supply when it is unsecured. A short time after, the DOC of the home advised that the refrigerator containing the drug supply had been locked.

Sources: Observations; and interviews with an identified staff member and the DOC [000697].

Date Remedy Implemented: June 27, 2023

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WRITTEN NOTIFICATION: Directives by Minister

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that the Ministers Directive, specifically conducting regular biweekly audits, in accordance with the COVID-19 guidance document for long-term care homes in Ontario, effective March 22, 2023.

Rationale and Summary

The inspector reviewed the most recent "Public Health Ontario (PHO)'s COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes" which was conducted by the home and identified that the home had not been conducting these audits on a bi-weekly basis.

The home's management confirmed that the audits were not completed on a bi-weekly basis.

Sources: Review of "Public Health Ontario (PHO)'s COVID-19: Self-Assessment Audit Tool for long-Term Care Homes and Retirement Homes" conducted by the home, and "COVID-19 guidance document for long-term care homes in Ontario" effective March 22, 2023; interviews with the DOC and the Acting Administrator. [196]

WRITTEN NOTIFICATION: Housekeeping

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (ii)

The licensee failed to ensure that procedures were implemented for the cleaning of the main lobby of the home.

Rationale and Summary

On three consecutive dates, the main lobby of the home was observed to have fish flies and dead insects on the glass walls, floors, and within the overhead light fixture.

The Environmental Services Manager (ESM) reported that the housekeeping staff were to clean this in the first two hours of their shift or they will come and vacuum the flies up.

Sources: Observations of the main lobby of the home; review of the home's policy titled, "Lobby/Main Area Cleaning Procedure, last reviewed January 2022, Appendix 8" - HL-05-01-12 A8; interviews with a staff member, the ESM and the Acting Administrator. [196]

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WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

The licensee failed to ensure that a person who had reasonable grounds to suspect that improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm was immediately reported to the Director.

Rationale and Summary

A medication incident had occurred involving one resident, in which their medication had not been administered, over an extended period of time.

The home's investigation file of the incident was reviewed and did not include a report to the Director.

The DOC in the home reported that they had not submitted a Critical Incident (CI) report to the Director, and that they should have reported the incident to the Director.

Sources: home's investigation file for medication incident; Extendicare policy titled, "Critical Incident Reporting (ON)" RC-09-01-06, last reviewed: Jan. 2022; and interview with the DOC. [196]

WRITTEN NOTIFICATION: Police record checks

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 81 (2)

The licensee has failed to ensure that screening measures included a police record check for a staff member.

Rationale and Summary

A review was conducted of employment records for one staff member which did not contain evidence of a police record check. Interviews with the Acting Administrator and a manager in the home confirmed that a police record check was not completed for this staff member prior to their hire.

The home's failure to require a police record check presented a moderate risk to residents.

Sources: Interviews the Acting Administrator and the ESM; Employment records for one staff member;

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CI Report, and home policies including “Zero Tolerance of Resident Abuse and Neglect Program” dated January 2022 (RC-02-01-01). [000697]

WRITTEN NOTIFICATION: Reports re critical incidents

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (3) 2. ii.

The licensee has failed to ensure that the Director was informed of a breakdown of major equipment or a system in the home.

Rationale and Summary

Observations and demonstrations by the ESM in the home confirmed that doors which provided residents with access to the stairway and outside of the home, had not been kept closed and locked at all times.

An interview with the Acting Administrator also confirmed that they had become aware of the major equipment breakdown and that a CI report had not been immediately submitted to the Director.

Sources: Observations; interviews with the ESM and Acting Administrator; and home policy “Door Surveillance and Secure Outdoor Areas” dated January 2022 (OP-04-01-0). [000697]

WRITTEN NOTIFICATION: Administration of drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

The licensee failed to ensure that drugs were administered to one resident in accordance with the directions for use specified by the prescriber.

Rationale and Summary

A resident was prescribed a medication which had not been administered over a period of time.

The home's investigation determined that a medication had not been administered to an identified resident over an extended period of time.

Sources: Review of the homes' investigation file; progress notes for an identified resident; and interviews with the Consultant Pharmacist, staff in the home, the Acting Administrator and the DOC. [196]

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WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (3) (a)

The licensee failed to ensure that a quarterly review was undertaken of all medication incidents and adverse drug reactions that had occurred in the home in order to reduce and prevent medication incidents and adverse drug reactions.

Rationale and Summary

In an interview, the DOC confirmed a quarterly medication review had not been completed.

There was low impact to residents as a result of the medication incident not having been reviewed on a quarterly basis.

Sources: Review of the home's medication incident file for an identified resident, Quality Committee Meeting minutes; interviews with the Consultant Pharmacist and the DOC. [196]

COMPLIANCE ORDER CO #001 Doors in a home

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. ii.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

The licensee shall:

1. Develop and implement an auditing process to ensure that all doors leading to stairways and outside the home, are kept closed and locked as required in O. Reg. 246/22, s. 12 (1).
2. At a minimum, the audits must be completed three times per week, on various shifts, and must be continued for at least four weeks, or longer if concerns are identified.
3. Implement corrective action to address any deficiencies identified during the auditing process.
4. Documentation of the audits and any corrective action must be maintained.

Grounds

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The licensee has failed to ensure that all doors leading to stairways and outside the home were kept closed and locked.

Rationale and Summary

Observations confirmed that doors leading to stairways and outside of the home were left open and unlocked.

Interviews and demonstrations by the ESM confirmed that doors into the home had not been kept closed and locked due to a system failure. Further the ESM demonstrated that the secondary system which was an alarm to indicate that the doors had been left open, was also not operational at the time of inspection. Interviews with the Acting Administrator and ESM confirmed that parts necessary to repair the doors had been ordered, and no other security measures had been implemented.

The risk level at the time of the incident and inspection was high due to the risk of potential safety concerns.

Sources: Observations; interviews with Administrator, and ESM; and home policy “Door Surveillance and Secure Outdoor Areas” January 2022 (OP-04-01-0). [000697]

This order must be complied with by October 31, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.